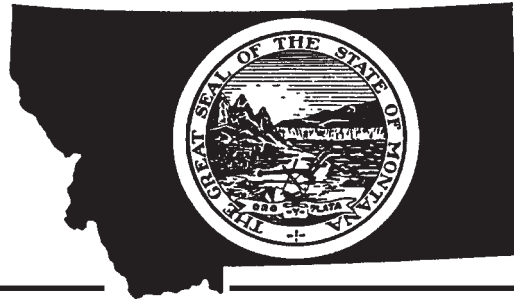


NEWSLETTER

Montana State Board of Nursing



VOLUME 16 NUMBER 1

Helena, Montana

Spring / Summer 2005

The mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.

BOARD OF NURSING MEMBERS

Karen Pollington, RN, Havre
Jeanine Thomas, LPN, Ronan
Lorena Erickson, Public Member, Corvallis
Kathy Hayden, LPN, Missoula
Cynthia Pike, RN, Billings
Kim Powell, APRN, Missoula
Susan Raph, RN, Great Falls
Steven Rice, Public Member, Miles City
Vacant LPN position

DEPARTMENT STAFF

Lisa Addington, Bureau Chief
Marilyn Clark-Kelly, Unit Supervisor
Sandra (Sandi) Dickenson, Executive Director
Melissa Mixan, RN, Nurse Practice Manager
Anita Verbanac (Andy Carter), Program Manager
Elizabeth (Liz) Carney, APRN Licensing Specialist
Jennifer Billman, LPN/RN Licensing Technician
Becky McTaggart LPN/RN Licensing Technician
Joan Bowers, Compliance Specialist
Ron Burns, Investigator
Lorraine Schneider, Board Counsel
Lori Ballinger, Department Counsel

HOW TO REACH US

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Board Meeting Dates

July 20, 2005 and October 19, 2005

Most Board of Nursing Meetings are held in the fourth floor conference room of the Park Avenue Building, 301 South Park Avenue in Helena. The Board and Committee meetings are open to the public. Agendas are posted at www.nurse.mt.gov under the drop down menu Minutes and Agendas. Select Full Board or one of the Committees to reach the Agenda. You can search past (approved) minutes as well. Please call the Board office if you need assistance.

Did you know?

Board Members are volunteers and that each member participates in at least one BON Committee as well as serving on a special interest task force?

Board Members are appointed by the governor to serve a 4 year term and can fill only one consecutive term for a total of eight years?

APRNs: Did you know that 15 charts or 5% of all charts handled by the advanced practice nurse, whichever is less, must be reviewed quarterly according to Rule 8.32.1508(2)(a)?

Recent Board of Nursing Actions

January 2005

Regarding Scope of Practice Issues:

- ▼ Determined it is within the APRN with prescriptive authority scope of practice to prescribe and institute fluoride varnish as part of a preventative public health plan, as long as the APRN has the necessary knowledge, skills and ability and utilizes an appropriate referral plan
- ▼ Determined that it is not within the scope of practice of the LPN to hang an insulin infusion that is modified and requiring assessment
- ▼ Tabled the issue of the use of lidocaine specific to cosmetic tattooing until further information is obtained
- ▼ Determined the operation of x-ray or fluoroscopy equipment is not within the scope of practice for nursing unless dual licensure is held. (limited permit x-ray licensure) 37-14-301 (read guest editorial to learn more)
- ▼ Determined that it is not within the LPN Scope of Practice to hang antibiotic on a central line that is not in continuous flow
- ▼ Determined that it is within the scope of practice of an LPN to assist patients in the use of a "Hand held computerized spirometer" with the proper training
- ▼ Determined that self administration of students with parental consent is within the parameters of Rule 8.32.1712
- ▼ Confirmed that digital rectal stimulation is a nursing function
- ▼ Employer mandated 12 hour shifts are not within the purview of the BON and they need to be addressed with the employer
- ▼ Determined that the supervision of an LPN for clinical practice and for non-clinical duties may be different

- ▼ Reported that the use of Ketamine by the RN in the ER for IV conscious sedation is not opposed by the Emergency Room Association or the Critical Care Nurses Association
- ▼ Determined that it is within the scope of practice for an RN with a physician or appropriate APRN order, and with proper knowledge, skills and ability to administer agents currently recognized for the purpose of controlled sedation for refractory suffering at end of life, as distinguished from the purposes of conscious sedation and with the exception of propofol
- ▼ Declined the request for a Declaratory Ruling on whether it is within the scope of practice of an RN to perform a percutaneous, non-surgical, radial artery catheterization. The Practice and Credential Committee was advised to review available evidence and recommend to the Full Board whether it is within the scope of practice of an RN in Montana
- ▼ Determined that APRNs also hold an RN license and may work within the scope of RN practice. When the APRN and RN specialty certifications are not congruent the licensee must exercise judicious caution so as not to exceed the RN scope of practice.

Regarding Licensure Issues:

- ▼ Declined the request for CNS Palliative Care APRN licensure due to the narrow scope of practice and educational preparation that does not meet criteria for testing by board approved certification agencies
- ▼ Declined the request for Orthopaedic Nursing APRN licensure due to the narrow scope of practice and educational preparation that does not meet criteria for testing by board approved certification agencies
- ▼ **Rule 8.32.402, 403 & 404 adopted.** Addresses licensure by examination for practical and professional nurses

Regarding Educational Issues:

- ▼ Approved plans of study for five applicants who have asked to retake the NCLEX exam
- ▼ Approved faculty qualification for Lauri Jackson, Stacey Ziegler, and Elaine Mary Becker at MSU Bozeman
- ▼ Approved faculty qualification for Maureen Henahan, Terry Ann Sturm, Carolyn Svingen, Elisabeth Lincoln, and Tina Stewart Toner at MSU Northern
- ▼ Approved faculty qualification for Cheryl Harkin at U of M COT Missoula
- ▼ Directed that out of state nursing programs be informed about MT BON Rules regarding the education, including clinicals, of nursing students within state boundaries
- ▼ Directed the Education Committee to study the process of site surveys
- ▼ Directed the Executive Director to contact out-of-state nursing programs identified through a recent hospital survey, with information about Montana rules regarding approval and requirements for nursing education.

Regarding Disciplinary Issues:

- ▼ Reinstated two licensee and removed the probation from one licensee
- ▼ **8.32.413:** Professional conduct for nurses was Noticed for Hearing
- ▼ Sent one “Cease and Desist Order” to a person practicing nursing without a license.

April 2005

Regarding Scope of Practice Issues:

- ▼ Determined the care or maintenance of an intrathecal or epidural infusion catheter is not within the Scope of Practice of an LPN.
- ▼ Determined it is within the Scope of Practice of an LPN to draw venous blood in any setting.

- ▼ Determined the Board cannot take action on the Interstate Compact issue; it requires Legislative action. The issue will be reviewed and studied before the next Legislative Session.
- ▼ Determined that the December 1996 ruling authorizes the use of a syringe or pump to administer an epidural bolus by an RN with requisite skills, knowledge, training and ability.
- ▼ Determined it is within the Scope of Practice of an RN with the training, skills, knowledge and ability to perform radial arterial line insertion without cut-down under provider orders.

Regarding Educational Issues:

- ▼ Helena & Missoula Colleges of Technology received initial approval for their “LPN to RN” programs.

Regarding Legislative Issues:

A reminder was put forth that Board Members may testify for any Legislative Bill as an individual citizen, but may not testify on behalf of the Board or as a member of a Board without prior approval from the Governor.

BON Members convened periodically in public sessions to closely follow the progress of:

HB 182 (Established the qualifications/hiring of personnel by the department to perform administrative, legal, and clerical functions for the boards);

HB 203 (Determined one BON member must be an APRN and one must be engaged in nursing practice in a rural health care facility);

LC1638 (Defeated bill to allow EMTs to provide care in hospital EDs);

LC0861 (Defeated bill to authorize EMTs to carry auto injectors for general public use).

For specific information about BON actions or meeting minutes, please contact the Board of Nursing office at 841-2340 or check the BON website www.nurse.mt.gov

Your license is important!

There will be no waivers for late fees for any reason, so get your forms filled in correctly and early!

Board of Nursing Committee Reports

Practice and Credentials Committee Report: The BON members of this standing committee are Karen Pollington, RN, Cynthia Pike, RN, and Lorena Erickson, Public Member. During the first quarter meeting, the members voted to "Review and update LPN Rules as one of their 2005 objectives. During the second quarter the LPN Rules Task Force was convened. Task Force Members include: Cheryl Alt, RN, Danette Melvin, RN, Sharon Dschaak, LPN, Ellen Wirtz, RN, Jean Forseth, RN, Jeanine Thomas, LPN, Jill Deppel, RN, Karen Pollington, RN, Kathleen Wankel, RN, Kathy Hayden, LPN, Margaret Wafstet, RN, Susan Raph, RN, and Vickie Badgley LPN. Two items of particular interest will be reviewed for application within LPN Scope of Practice: (1) the role of the LPN working with central lines "not on continuous flow" and (2) defining supervision of LPNs in practice and non-clinical duties.

The panel meets frequently to review successful NCLEX candidates and applicants requesting endorsement. During the second quarter the committee and department staff were tasked with review of the application process for graduates of foreign nursing programs. Nursing programs within the USA undergo a rigorous approval process and their faculty are heavily screened for qualifications. The issue of foreign educated nursing students has achieved nationwide attention because the application process requesting licensure varies state-to-state. This makes it relatively easy to become licensed in some states and very difficult in others. Montana had hundreds of foreign educated applicant inquiries over the past few months and is working closely with numerous agencies to ensure that only qualified applicants are approved for NCLEX testing or licensure by endorsement.

APRN Committee Report: The BON members of this standing committee are Jeanine Thomas, LPN, Kim Powell, APRN, Susan Raph, RN, Steven Rice, Public Member. During the first quarter meeting the members voted to include an audit of 10% of APRN licensees for compliances with CEU's as one of their 2005 objectives. During the second quarter board members and staff began review of the APRN Rules. Items to clarify in rule include the application process, pharmacology CEUs, peer review, and APRN Scope of Practice.

Education Committee Report: The BON members of this standing committee are Karen Pollington, RN, Lorena Erickson, Public Member, Kathy Hayden, LPN, and Susan Raph, RN. During the first quarter meeting the members

voted to continue working on the 2004 objectives in 2005. During the second quarter the Medication Aid Task Force was re-convened to address the state wide testing process, application process for candidates and the program approval process for the involved facilities. Task Force Members include: Oralei M. Hoffman, RN, Tanya Douglas, LPN, Rose Hughes (Montana Health Care Association), Sherri Maharg, Administrator, Judy Annin, RN, Kathy Austfjord, RN, Lori Henderson, Administrator, Gayle Cochran (pharmacist), Kay Jennings (assisted living), Kathy Wankel, RN, Joyce Cleavenger, RN, Andrea Stodtmeister, LPN, Sylvia Gollick, RN, Ruth Burleigh, RN, Rose Hogendam (educator), Casey Blumenthal (Montana Hospital Association), Linda Henderson (Montana Nurses Association), Susan Raph, RN, Kathy Hayden, LPN, Karen Pollington, RN and Lorena Erickson, public member.

Screening Panel Report: The BON members of this standing committee are Jeanine Thomas, LPN-Chairperson; Kim Powell, RN, MSNP; Steve Rice, Public Member; and Cynthia Pike, RN. During the first quarter meeting the members voted to continue working on the 2004 objectives in 2005. They review all complaints and make recommendations to the full board.

Rule Review January 2005

The Rule regarding Delegation was heard, noticed, and amended for adoption

The Rule regarding Conduct for Nurses has been noticed for hearing 8.32.413 (1)(c)

Rules 8.32.402, 8.32.403 and 8.32.404 were adopted

New Rule 4 (Medication Aide): Notice for hearing for a proposed amendment to replace paragraph 4 with, "Successful completion of a Board approved examination is required"

Rule Review April 2005

Clarification: Rule 8.32.112 (6) and 8.32.113 (4), term FTE refers to position, not number of people

Adoption of MAR 8-32-65 as amended, incorporated changes as requested by Board of Regents and changes in 8.32.807 (1)(h)(ii)(iii) to reflect "clinical agencies" rather than "medical settings"

Notice for Hearing Model Fee Abatement

Rule notice regarding foreign educated applicants: Include definition of "foreign educated"

Adopt MAR 8-32-64 Delegation Rules as amended

Rule 8.32.403: Remove 3 year language

Sandra Dickenson Joins the BON staff

Sandra M. Dickenson, “Sandi”, accepted a temporary one year position as Executive Director for the Montana Board of Nursing on January 18, 2005. Sandi obtained her BA in Nursing from Carroll College in 1987 and her MS as a CNS in Maternal-Child Nursing from VCU Medical College of Virginia in 1997 with a secondary area in Education. She joined the USAF in 1987 and has accepted assignments ranging from Med-Surg, LDRP and PEDS to Case Manager, Flight Nurse, hospice, and first surgical assistant. Her most recent positions were as a Nurse Manager of the MACDILL Women’s Health Clinic in Florida and as a Unit Supervisor of the KADENA Family Practice Clinics serving 14,000+ military patients in Japan. She was employed as adjunct faculty in Virginia for the ADN (LPN to RN) program and currently holds ANCC certification as an Informatics Nurse. The BON welcomes her application of education and experience to Montana’s nursing regulation and governance.

Message from Executive Director Sandi Dickenson

Reflecting over the past five months, I ponder where to begin. Excitement swept over me that first day as I entered the room where the BON was convening on January 18th. My commitment to serving such a varied audience came with little working knowledge of the details. Within eight days I was on a plane to the annual Federal Association of Regulatory Boards (FARB) joined by Board member Kathy Hayden. The next morning Kathy literally bumped into one of the guest speakers as she crossed the street! Her jovial personality earned us the pleasure of “prime seats” (next to him) and a personal tutorial of the presented material...much appreciated as the moderator started us off with a test!

I returned to direct my first nursing program site visit the following week. Every nursing program in Montana that leads to initial nursing licensure must obtain BON approval. The initial site visit process involved the BON hiring an Educational Consultant to visit the campus with the ED and evaluate (survey) the proposed program. Approved nursing programs continue to have surveys, known as site visits, on a regular basis by the BON.

I spent the following three weeks setting up my work area, responding to practice questions and orienting as a state employee. In March I was again on a plane, this time headed for the Mid-Annual meeting of the National Council of State Boards of Nursing (NCSBN). We had a terrific session that first day as the EDs were grouped with their BON Presidents in a variety of learning activities designed to help us understand our role in governance. NCSBN provided an invaluable setting where

President Karen Pollington, Member Cynthia Pike and I could network with other state BONs for information on a wide variety of nursing concerns. We soon learned that MT is not alone in addressing issues such as expanding practice, determining competency, how the mobility of nursing practice across state lines impacts regulation and the recognition of APRN program graduates.

I returned to catch up on my office work, meet with subcommittee task forces and prepare for the April BON meeting. In my “spare ED time” I handled the Practice Manager duties due to an ongoing position vacancy. May Day quickly arrived and I headed to Malmstrom AFB in Great Falls where I served 15 days of active duty as a Reservist in the USAF. The value of keeping one hand in clinical nursing truly assists my understanding of Nursing Practice: how regulation affects practice, how practice trends effect BON Rule changes and how Rule changes affects practice.

Having settled in a bit over the past six weeks, I am awed by the dedicated “specialty” nurses who volunteer their knowledge and expertise to ensure that Montana Nursing Practice remains the VERY BEST. I have met legislators, administrators, educators, clinicians, members of various health care boards, health professionals and department staff who serve selflessly on task forces and committees. Many travel repeatedly over long distances and spend countless hours in meetings in order to assist the BON in our goal of safe nursing practice. My thanks to every one of you! I am looking forward to the coming year and will earnestly work towards my vision of achieving your trust and confidence.

Prescriptive Authority Practice Agreements

by Becky Deschamps and Kim Powell, RN

In 2001, the Montana Legislature passed HB279. HB279 established the concept of “pharmaceutical care”, authorized electronic transmission of prescription information, enabled board registration and discipline of pharmacy technicians and authorized collaborative practice, defining it as “...the practice of pharmacy by a pharmacist who has agreed to work in conjunction with one or more prescribers, on a voluntary basis and under protocol, and who may perform certain patient care functions under certain specified conditions or limitations authorized by the prescriber” (MCA 37-7-101(4)). The bill also amended the definition of the practice of pharmacy to include “administering drugs and devices pursuant to a collaborative practice agreement...” (MCA 37-7-101(26b)) and “initiating or modifying drug therapy in accordance with collaborative pharmacy practice agreements established and approved by health care facilities or voluntary agreements with prescribers” (MCA 37-7-101(26e)). Pharmacists therefore have dependent prescriptive authority, as opposed to independent prescriptive authority. Pharmacists cannot initiate or modify drug therapy without having a valid collaborative practice protocol in place.

The rulemaking, noticing and public comment process was then begun. MCA 24.174.524, Collaborative Practice Agreement Requirements, can be found at http://mt.gov/dli/bsd/license/bsd_boards. Signed copies of the agreement must be filed with the Board of Pharmacy before collaborative practice is initiated, spelling out the types of drug therapy management decisions that the pharmacist is allowed to make, methods of communicating

changes and adverse reactions to the practitioner, methods by which the prescriber monitors clinical outcomes and intercedes if necessary, retention of records and how the patient’s written consent will be obtained. Collaborative practice agreements must be reviewed, revised if necessary and renewed annually.

MCA 124.74.503, Administration of Vaccines by Pharmacists, can also be found on the board’s website above. Pharmacists can vaccinate only pursuant to a collaborative practice protocol, and may only vaccinate patients 18 years of age or older. They must have successfully completed a training course provided by the Centers for Disease Control or other approved provider, must hold a current basic CPR certificate, follow established procedures and maintain a current copy of CDC’s “Epidemiology and Prevention of Vaccine-Preventable Diseases”.

The Board of Pharmacy presently has less than 20 collaborative practice protocols on file. Many of these are vaccine protocols, and several anticoagulation protocols are in place as well. Only one outpatient pain protocol is presently active in the state, and at last count 3 pharmacists had applied for and received their mid-level DEA license. The DEA will only grant mid-level licenses to pharmacists actively involved in collaborative practice that will be called upon to write prescriptions for controlled substances.

The Board of Pharmacy feels that collaborative practice is a potentially useful tool that can be of use in the provision of health care to the citizens of our rural state.

How License Probation affects your Nursing Practice

by Lori Ballinger

Both on the national and state level, approximately 1% of all registered nurses and 1.5% of all licensed practical nurses have been subject to disciplinary action by a licensing board. The violations range from continuing to practice with an expired license to patient abuse and drug diversion. Similarly, the board may impose sanctions ranging from a private letter of reprimand or censure to license revocation.

Most often, if the board decides there is reasonable cause to proceed with disciplinary action, the board will place the nurse's license on probation. The probationary terms vary from case to case. Probation is designed to monitor nursing practice and remedy any practice issues the board has identified. Generally, probation will include quarterly reports from the nurse and his or her supervisor, yearly requirements for continuing education and a requirement to review and follow all the statutes and rules that govern nursing. The goal of license probation is to insure that the nurse is able to continue to practice safely and appropriately.

For nurses who have had problems with drugs or alcohol, the board has established the Nurses' Assistance Program (NAP). Most nurses enrolled in the NAP continue to work in nursing. The NAP closely monitors each nurse to insure compliance with the program requirements. Nurses participating in the NAP are actively working on recovery for substance abuse. With participation in the NAP, recovering nurses can continue to contribute to the profession.

Ninety-five percent of the nurses on probation continue to be employed in nursing. The goal of the board is to protect the public by helping each nurse be the best nurse they can be.

Where do I find Scope of Practice?

LPN, RN, and APRN Scope of Practice is defined by Rule located on our website at www.nurse.mt.gov.

Go to Board Information: "Select a Topic"
Choose Board Rules and Rule Notices.
Select Specific Board Rules and Board of Nursing.
You can then search that file for key terms of the issues in question.

Director of Nursing Services Survey

In a recent survey there was expressed concern that an out-of-state college placed a student in Montana without faculty. Out-of-state schools doing so (ASN, BSN, or completion programs) must meet the requirements of BON Rules, including faculty qualifications. Another concern was raised that online schools are allowing nursing students to set up their clinicals in Montana. When Montana sites are used for clinical training, there are faculty, preceptor, and impact-on-clinical-site issues that must be considered.

DONs with any concerns in these areas are asked to bring them to the attention of the Board of Nursing. Please identify your facility name, the school's name, the type of student (PN, RN, APRN), and the type of program (out-of-state, online). You may e-mail the information to dlibsdnur@mt.gov or mail it to the Board of Nursing.



Where are Rule Notices?

Keep up to date on current rule revisions at
http://mt.gov/dli/bsd/license/bsd_boards/nur_board/rule_notice.asp

Coming in August: Online Tutorial for Delegation of Nursing Tasks

Guest Editorial

by John Rosenbaum R.T. Board of Radiologic Technologists

During April's BON meeting, Anne Delaney and I represented the Board of Radiologic Technologists (BORT). We found consensus that responsibility for using ionizing radiation applies to health care personnel at every level. As is true for all boards, BORT's primary charge is "protection of the public". Both boards agree that inappropriate application of ionizing radiation, especially the use of the new C-Arms, has led to grave concerns over public safety and that nurses play a key role in ensuring public safety during these procedures.

Ionizing radiation usage is increasing in frequency and level according to respected sources. BORT's license inspector, Dan Owen, revealed a number of situations which have been addressed but we continue to receive phone calls questioning the appropriate use of ionizing radiation, both hypothetical and real. Some of these involve nursing staff being required to operate C-Arms without knowledge of or training in radiation safety or X-Ray production. Nurses are setting up the C-Arm, turning on the unit, maneuvering and positioning the unit and the patient and setting exposure factors. NPs are completing bone density exams relying solely on vendor information and applications. Limited Permit Technologists are directed to operate everything from fluoroscopy units and C-Arms, to CT Scanners and told it's "OK as long as the PA, NP, or a physician is present and orders them to do so". For clarification, nurses cannot do so unless licensed to practice under BORT; a limited permit holder can only expose "after films" following a fluoroscopy exam. The radiologist must set all exposure parameters and control all other radiation production factors of fluoroscopy. Misinformed individuals repeatedly relate that "the new C-Arms don't use radiation any more" or "the amount is so minute, there is no concern to anyone". **It is important for nurses to understand that the dangers of radiation are real and continue to exist in 2005.**

Radiation warnings, particularly fluoroscopic applied radiation warnings, are issued by the FDA and other agencies but apparently are not reaching all providers in Montana. The Board of Medical Examiners (BOME), BORT and the BON have jointly reached a consensus that nurses and providers at every level must understand their responsibility in protecting the public from the dangers of radiation.

Our joint goal is to ensure that every task associated with the use of ionizing radiation is appropriate and within that individual's scope of practice, it cannot be delegated. Nurses have a multi-faceted scope of practice but it does not include application of radiation without additional specialized education and licensure. It is truly an injustice for nurses to be put into a position that they are not prepared for **and is potentially dangerous for them and their patients.** BORT thanks you for the opportunity to collaborate with BON licensees and cooperate to create a safer healthcare environment in Montana.

Dept Update: Federal legislation HR 1426 has been introduced by Rep. Chip Pickering (R-MS) under the title: Consumer Assurance of Radiologic Excellence (CARE). The CARE bill is bipartisan legislation, with 10 Republican and 10 Democrat original cosponsors. The bill would amend the Consumer-Patient Radiation Health and Safety Act, a 1981 law that established minimum standards for the education and credentialing of radiologic technologists. Because compliance with the 1981 Act is voluntary, only 41 states fully or partially license, regulate or register radiographers, only 30 states license radiation therapists, and only 25 states license nuclear medicine technologists. In states where no licensure exists, individuals are permitted to perform radiologic procedures without any formal education. (From the www.asrt.org website)

Stipulations and Final Orders

(10/04 - 5/05)

| Name | License # | City | Action |
|---------------------|-----------|-------------------|-------------------------|
| Alan Baum | LPN 27443 | Hamilton MT | Public Reprimand |
| Jennifer Beason | LPN 26333 | Billings MT | Probation 3 yrs with CE |
| Michelle Clark | RN 27732 | Glendale AZ | Probation 1 yr |
| Cynthia Cooper | RN 24781 | Missoula MT | Reinstated NAP 3 yrs |
| Janet Fiel | RN 25740 | Thompson Falls MT | Summary Suspension |
| Richard Kuchty | RN 28617 | Butte MT | Reinstated NAP 3 yrs |
| Donna LaMere | RN 20286 | Billings MT | Reinstated NAP 3 yrs |
| Joni Landes | RN 18482 | Florence MT | Reinstated NAP 3 yrs |
| Karen Loftus | RN 26813 | Missoula MT | Reinstated NAP 3 yrs |
| Brett McMurphey | LPN 7952 | Great Falls MT | Voluntary Surrendered |
| Nichole Nichols | RN 28214 | Kennewick WA | Summary Suspension |
| Helen Olsen | RN 11414 | Eureka MT | Summary Suspension |
| Renee' Pomeroy | RN 20202 | Helena MT | Reinstated NAP 3 yrs |
| Melinda Rang | LPN 8031 | Arlee MT | Reinstated NAP 3 yrs |
| Caren Reaves | RN 12240 | Missoula MT | Fine |
| Jennifer Schulze | RN 22066 | Sunburst MT | Probation NAP 3 yrs |
| Delcia Diane Thomas | RN 30700 | Soddy Daisy TN | Probation NAP 3 yrs |
| Paul Wann | RN 30293 | Butte MT | Probation NAP 1 yr |
| Patti White-Emineth | RN 24537 | Rapid City SD | Public Reprimand |

CORRECTION: The Fall 2004 Newsletter inadvertently stated the license of Jonna Rhein was suspended. The correct information is:

| | | | |
|-------------|----------|--------------|---------------------|
| Jonna Rhein | LPN 2606 | Missoula, MT | Probation NAP 3 yrs |
|-------------|----------|--------------|---------------------|

*Names and license numbers are published as a means of protecting the public safety, health, and welfare. Only Final Orders, which are public information, are published in this newsletter. Pending action against any licensee is not published. Please advise the Board office if any of the above nurses is working outside his/her licensure capacity.

**Those licensees with Nurses Assistance Program (NAP) listed have been placed on NAP through the formal Board process. Licensee names and information on the Voluntary Track of NAP are confidential, and this information is not available to the public.

Congratulations!



The Board would like to recognize that Janet Haughian, RN was selected as a Volunteer of the Year by the Miles City Area Chamber of Commerce. Janet became Chairwoman of the Board of Directors, Custer County Community Health Care Center (CCCHC). After wading through "mountains of data" and federal paperwork, a grant request painstakingly materialized and CCCHC doors were opened to the underserved public in Dec 2003. Janet was selected and presented the award in January 2005. Without her passionate work in the community, bringing health care to those "falling through the cracks" of our health care delivery system would never have been possible. Thanks, Janet for your commitment to Nursing, the "Art and Science of Caring".



Online Query for Licensing

Verifying a licensee's status and credentials is available online. While you may obtain this information by calling the Board office, the online function may be quicker, and it is accessible 24 hours a day, 7 days a week. The site is <http://app.mt.gov/lookup>

BON Practice Manager Position Filled

The BON welcomes our new Practice Manager, Melissa Mixan, R.N., Melissa received her BSN from the University of Nebraska in 1995 and has chosen to make Jefferson City, MT her new home. We are very happy to have her join our department staff as a permanent full time employee.

BON Seeks New Board Members

Are you interested in serving on the BON or would you like to recommend someone? The BON looks forward to Governor Schweitzer's upcoming appointment to fill the BON Member LPN and APRN vacancies. We invite you to submit your name for consideration using the online form at: <https://app.mt.gov.com/appoint/>. You can attach your resume and other information to this online application form. You may also apply or recommend someone by sending a letter and/or resume to:

Governor Brian Schweitzer
Attn: Patti Keebler
State Capitol
Helena, MT 59620
Phone (406) 444-3862
Fax (406) 444-5529

NEW Website Satisfaction Survey



Check out our website at www.nurse.mt.gov

Any comments regarding the use of the website would be greatly appreciated.

[WWW.NURSE.MT.GOV](http://www.nurse.mt.gov)

Request for Readers!

Pearson Vue is the test vendor for the NCLEX. If you are interested in assisting a graduate nurse in need of special testing accommodations please contact Sandra Dickenson, ED or the dept staff if you meet the following criteria.

CRITERIA FOR SELECTION OF READERS:

- ▼ Not undergraduate nursing education program faculty
- ▼ Not an instructor in any courses, workshops or tutoring activities that involve drilling or coaching on test questions similar in content to those on the NCLEX examination now or within the next six months.
- ▼ Not a student in a nursing education program preparing for entry level licensure
- ▼ Not a family member or well known to the student
- ▼ Reads carefully and distinctly.
- ▼ Pronounces medical/nursing terms correctly.

SUGGESTED SOURCES FOR READERS:

- ▼ retired faculty
- ▼ board members & staff of graduate programs (faculty or students)
- ▼ local college tutoring programs
- ▼ professional nursing organizations

Did you know that Board Staff are state employees that work in support of the BON and their mission of ensuring public safety?

Board Says Hello & Good-bye

The legislature confirmed former Governor Martz's appointment of our four new board members during this year's session. Susan Raph, RN fills the educator position and is Chair of the Education Committee. Kathy Hayden is a member of that committee and fills one of the LPN positions. Cynthia Pike fills one of the RN positions and is a member of the Practice Committee. Roberta Threet, LPN resigned her position effective in April and we are awaiting a new appointee to the vacancy by Governor Schweitzer.

Kim Powell, RN, MSN, NP was appointed as a Board Member in 1997 by Governor Marc Racicot and reappointed in 2001 by Governor Martz. She has been a member of the Screening Committee since 1997. In 1998 Kim served a two year term as Board Chair (president) and again in 2002. That same year she began to chair the APRN Committee and will continue until a replacement is named (her term expired on 1 July 2005). She has served diligently on many committees, most recently as chair of the Delegation Task Force from 2003 to 2005 and as an APRN Committee Member for National Council State Board of Nursing (NCSBN) from 2002 to 2005.

Message from departing BON Member Kim Powell, RN, MSN, NP

The experience of being a member of the Board of Nursing has truly been one of the highlights of my career. Having the chance to work in nursing regulation has afforded me the opportunity to work with many nurses in a variety of settings, and to learn from each of them. I sincerely encourage nurses to consider applying for a position on the Board of Nursing – it's the chance of a lifetime.

Message from new BON Member Kathy Hayden, LPN

Greetings! I am a practicing LPN in the NICU and Pediatrics department at Community Medical Center and a certified PALS instructor along with BLS. When I first came to the board, I had no idea what to expect and I really did not know everything that the board did. I quickly learned that members cover a broad range of things, from Education to Scope & Practice. I decided I would like to become involved with the education portion, because I really wanted the best clinical instructions for our students. My vision is to work toward the advancement of LPN Scope of Practice and bring our Rules covering this up to date. These are HUGE goals to complete and will need your support and the help of everyone involved.

Has Your Address Changed?

We have on file 123 returned items of correspondence! Please be sure your address and employer(s) address are current in our database.

The board depends on accurate and timely information from licensees to ensure that important communications, including your license renewal forms, reach you.



Address Change _____

Full Legal Name _____

License Number _____

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Phone _____
Home Work

You may provide the above information by:

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